08-27-07

PART B - FEE(S) TRANSMITTAL

PART B - FEE(S) TRANSMITTAL

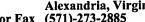
Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450

Alexandria Virginia 22213

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885



INSTRUCTION TRANS appropriate. All further cindicated unless correcte maintenance fee notificat	correspondence includin d below or directed oth	or transmitt g the Paten erwise in B	ing the ISSU it, advance or Block 1, by (a) specifying a new c	orresp	ondence address;	and/or	(b) indi	cating a sepa	ate "FEE ADDF	RESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
20377 7590	07/09/2007				nave			•		nission		
SOUTHWEST RESEARCH INSTITUTE PO DRAWER 28510 SAN ANTONIO, TX 78228-0510						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
					Г						sitor's name)	
											(Signature)	
											(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INV		TOR	OR ATTORNEY			OOCKET NO. CONFIRMATION NO.			
10/720,767 11/24/2003 TITLE OF INVENTION:				Jack A. Smith			090936.0529 4914					
INTEGRATED ENGI	NE/COMPRESSOR C	ONTROL I	FOR GAS TE	RANSMISSION CO	MPRE	ESSORS						
APPLN. TYPE	SMALL ENTITY	MALL ENTITY ISSUE FEE DUE		PUBLICATION FEE DU		PREV. PAID ISSUE	E FEE	TOTA	L FEE(S) DUE	DATE D	ŲE	
nonprovisional	YES	\$700		\$300		\$0 88/27/2	2007 CH	IEGA2	\$1000 888888823	10/09/2007 10720767		
EXAMINER		ART UNIT		CLASS-SUBCLASS		01 FC:2	501			700.00	ΠD	
DWIVEDI, VIKANSHA	3746		417-034000			584			300.00			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PI	RINTED ON	THE PATENT (print	or typ	e)					21.16	
PLEASE NOTE: Uni recordation as set fort	ess an assignee is ident h in 37 CFR 3.11. Com	ified below eletion of th	, no assignee is form is NO	data will appear on t T a substitute for filing	the pa	tent. If an assign ssignment.	ee is ide	entified	below, the de	ocument has been	n filed for	
(A) NAME OF ASSIC SOUTHWEST RESE	GNEE ARCH INSTITUTE	(B) RESIDENCE: (SAN ANTON	CITY IO, TI	and STATE OR C	COUNT	RY)						
Please check the appropr	iate assignee category or	categories	(will not be pa	rinted on the patent):		Individual 🗹 Co	orporatio	on or ot	her private gro	up entity G	vernment	
4a. The following fee(s) are submitted: ✓ Issue Fee ✓ Publication Fee (No small entity discount permitted) ✓ Advance Order - # of Copies				 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). 								
5. Change in Entity Sta	tus (from status indicate		CFR 1.27.	□ b. Applicant is n				'ITY sta				
NOTE: The Issue Fee an	d Publication Fee (if rec	uired) will i	not be accepte	d from anyone other	than th	ne applicant; a regi	istered a	ttorney	or agent; or th	e assignee or oth	er party ir	
Authorized Signature Jay Amarka				, one.		Date Augus	t 20, 20	007			_	
Typed or printed nam			Registration N					_				
This collection of inform an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria,	nation is required by 37 ditality is governed by 33 diapplication form to the ions for reducing this by Jriginia 22313-1450. Do	OFR 1.311. OFR 1.311. OFR 1.311. OFR 1.311. OFR 1.311. OFFR 1.311. OFFR 1.311. OFFR 1.311. OFFR 1.311. OFFR 1.311. OFFR 1.311.	The informati 2 and 37 CFR Fime will var d be sent to the ND FEES OR	on is required to obtain 1.14. This collection depending upon the Chief Information COMPLETED FOR the control of the control o	in or reise in diversity in the contract of th	etain a benefit by t imated to take 12 idual case. Any co ir, U.S. Patent and THIS ADDRES	the publ minutes omment Tradem S. SENI	ic whice to come son the nark Of TO: (h is to file (and uplete, including amount of the fice, U.S. Dep Commissioner	I by the USPTO ag gathering, prej ne you require to artment of Comn for Patents, P.O.	to process paring, and complete nerce, P.O Box 1450	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.